

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lilly Rooks  
 Name  
 (2) 6530 SW St Rd 24  
 Address (number and street)  
Cedar Key, FL 32625  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1173061]

Submitted on:  
 9/20/2018 09:30:34 (eastern)

Check here if address has changed

(3) ID Number: 233

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission Dist. 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 7 / 7 / 2018 To 7 / 20 / 2018 Report Type: P3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 500 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 500 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 368 . 08

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 368 . 08

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 10 , 600 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 388 . 72

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lilly Rooks (2) I.D. Number 233  
 7/7/2018 through 7/20/2018  
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
7/10/2018 / /	Chazulle, Specialist Elizabeth A 1104 Noble Oaks Dr Savannah, GA 31406	I	service	CH		Add	\$500.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lilly Rooks

(2) I.D. Number 233

(3) Cover Period 7/7/2018 through 7/20/2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/18/2018 // / 1	The Print Shop of Chiefland, The Print The Print 224 N Main St. Chiefland, FL 32626	signs	MO	Add	\$368.08
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